EXHIBIT C

UNITED STATES BANKBUPTCY COURT PROOF OF CLAIM					
DISTRICT OF NEVADA	PROOF OF CLAIM			INITERITOR IN THE INTERIOR INTERIOR IN THE INTERIOR IN THE INTERIOR IN THE INTERIOR IN THE INTERIOR INTER	
Name of Debtor	Case Number		Schedule/Claim ID	s31045	
Internet of Debtor		725-LBR	Amount/Classificat	ion <	
			\$10 238.91 Unsect	ured	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503 Name of Creditor and Address CHRIS KEFALAS & KATHY KEFALAS 2050 S ROBB WAY LAKEWOOD CO 80227 1963		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		ed above constitute your daim as bor or pursuant to a filed claim. If	
		Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address on the		you agree with the amounts set forth herein, and have no other claim against the Debtor you do not need to flie this proof of claim EXCEPT as stated below if the amounts shown above are listed as Contingent Unliquidated or Disputed a proof of claim must be filled. If you have already filed a proof of claim with the	
		envelope sent to you by the Bankruptcy Court or BMC you o		E IS FOR COURT USE ONLY	
Creditor Telephone Number () Last four digits of account or other number by which creditor identifies	debtor			E 10 / OIT GGGT// GGE GKET	
1408		Check here repla	a previously	filed claim dated	
1 BASIS FOR CLAIM	Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal	
Goods sold Personal mjury/wrongful death] Wages,	salaries, and compensation	(fill out below)	Other claims against service (not for loan balances)	
Services performed Taxes		r digits of your SS #		(sint for linguis parances)	
Money loaned United Other (describe briefly)	Unpaid	compensation for services pe	erformed from.	(date) (date)	
2. DATE DEBT WAS INCURRED 5-25-05	3 IF (OURT JUDGMENT, DATE	OBTAINED	(uate) (uate)	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	t best descr	be your claim and state the amou	int of the claim at the	e time case filed	
See reverse side for important explanations		SECURED CLAIM			
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is Check this box if your claim is secured by collateral (including a right of setoff)					
entitled to priority UNSECURED PRIORITY CLAIM		Brief description o		PT	
Check this box f you have an unsecured claim all or part of which is entitled to priority	his box f you have an unsecured claim all or part of which is				
Amount entitled to priority \$		Amount of arrearage a	and other charges	at time case filed included in	
Specify the priority of the claim		secured claim if any	\$		
Domestic support obligations under 11 U.S.C § 507(a)(1)(A) or (a)(1)(B) Wages salanes or commissions (up to \$10 000)* earned within 180 days	<u> </u>	Up to \$2 225* of deposits tow services for personal family			
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to go			
☐ Contributions to an employee benefit plan 11 USC § 507(a)(5)	L	Other Specify applicable pai "Armounts are subject to adju- with respect to cases comme.	istment on 4/1/07 an	d every 3 years thereafter	
5 TOTAL AMOUNT OF CLAIM \$ \$	50	,000 \$		\$	
AT TIME CASE FILED (unsecured)		(secured)	(pnonty)	(Total)	
Check this box if claim includes interest or other charges in addition to	the principa	al amount of the claim. Attach it	emized statement o	of all interest or additional charges	
6 CREDITS The amount of all payments on this claim has been of SUPPORTING DOCUMENTS. Attach copies of supporting do running accounts contracts court judgments mortgages securit DOCUMENTS. If the documents are not available explain. If the B DATE-STAMPED COPY. To receive an acknowledgment of the state of	<i>cuments,</i> s y agreeme e documen	such as promissory notes pu nts and evidence of perfection ts are voluminous attach a s	rchase orders inv on of lien DO No summary	voices itemized statements of OT SEND ORIGINAL	
proof of claim	are mining Of	Joan Gamin, chalast a sidilip	HAGIO99E	a controlled made and on 1180	
The original of this completed proof of claim form must be si ACCEPTED) so that it is actually received on or before 5 00 p for each person or entity (including individuals, partnerships	m, prevai	ling Pacific time, on Novem	iber 13, 2006	THIS SPACE FOR COURT USE ONLY	
governmental units) By MAIL TO	BY HANI	OOR OVERNIGHT DELIVERY T	0		
BMC Group Attn USACM Claims Docketing Center	BMC G	oup ACM Claims Docketing Cen	iau		
P O Box 911	1330 Ea	ist Franklin Avenue	FII	ED JAN 05 2007	
El Segundo, CA 90245 0911		ndo, CA 90245	1 IL		
DATE SIGN and print the name and title if any of this claim lattach copy of power of atto	the creditor of omey if any	or other person authorized to file			
Penalty for presenting fractitien claim is a line of up to \$500,000 or management	ant for us to	Commandate to U.C.C. SE	153 AND 9574	USA CMC	

FORM B10 (Official Form 10) (10/05)

TONM DIO (Ciliciai i Oilli 10) (10/05)		
UNITED STATES BANKRUPICY COURT	DISTRICT OF_Nevada	PROOF OF CLAIM
Name of Dubtor USA COMMERCIAL MORTGAGE COMPANY	Case Number 06-10725-LBR	THOSE OF COMM
NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma		
Name of Creditor (The person or other entity to whom the dubtor owes money or property) OAK SHORES II	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any other controls.	
Name and address where notices should be sent JEAN-JACQUES LEBLANC IRA P O BOX 6434 INCLINE VILLAGE, NV 89450-6434	notices from the bankruptcy court in the case Check box if the address differs from the address on the envelope sent to you by	S
Telephone number (775) 831–1470 Last four digits of account or other number by which creditor identifies debtor 1063	the court. Check here replaces If this claim amends a previously	filed claim dated
1 Basis for Claim Goods sold Services performed X Money loaned Personal injury/wrongful death Taxes Other	Retiree benefits as defined a Wages salaries and competent four digits of your SS a Unpaid compensation for se from	n II U S C § 1114(a) nsation (fill out below) # ervices performed
2 Date debt was incurred	3 If court judgment, date obtain	ed
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations Unsecured Nonpriority Claim \$ 39.761.00 plus in Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it or if c) is only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of we entitled to priority Amount entitled to priority \$ Specify the priority of the claim Domestic support obligations under 11 USC \$ 507(a)(1)(A) or (a)(1)(B) Wages salaries, or commissions (up to \$10 000) * earned within days before filing of the bankruptcy petition or cessation of the debte business whichever is earlier 11 USC \$ 507(a)(4) Contributions to an employee benefit plan - 11 USC \$ 507(a)	Secured Claim Claim, or lone or Check this box if your claim a right of setoff) Brief Description of Collate Motor Value of Collateral Motor Value of Collateral Motor Claim, if any Motor Secured Claim Motor Mot	eral or Vehicle Other— narges at time case filed included in ourchase, lease or rental of property household use - 11 U S C nental units - 11 U S C § 507(a)(8) ph of 11 U S C § 507(a)() 4/1/07 and every 3 years thereafter
5 Total Amount of Claim at Time Case Filed	\$39,761 00	\$39,761 00
Check this box if claim includes interest or other charges in add interest or additional charges	(unsecuted) (secured) ition to the principal amount of the claim Att	(priority) (Total) tach itemized statement of all
6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting docume orders invoices itemized statements of running accounts contra agreements and evidence of perfection of lien DO NOT SENI documents are not available explain. If the documents are volunt addressed envelope and copy of this proof of claim. Date Sign and print the name and title if any of the	nts, such as promissory notes, purchase cts court judgments, mortgages, security DORIGINAL DOCUMENTS If the ninous, attach a summary ing of your claim, enclose a stamped self-	THIS SINCE IS FOR COURT USE ONLY
11-7-06 Kan Italian (attach copy of power of attorn	JEAN TLEBLANC	USA CMC 11072501145

	Citie U6-107/25-0WZ - U0C 83U5-	: <u>3 E</u> []	<u>lerea 04/11/11 14:1</u>	8.45 Page 4 0L11
	UNITED STATES BANKRUPTCY COURT, U.S. COURT	PRO	OOF OF CLAIM	
	r political and the state of th			YOUR CLAIM IS SCHEDULED AS
Na	ame of Debtor	Case Number		Schedule/Claim ID s31789
	USA Commercial Mortgage Company	06-107	725-LBR	Amount/Classification
		İ		\$20 477 82 Unsecured
NC	OTE See Reverse for List of Debtors and Case Numbers	<u> </u>		
	is form should not be used to make a claim for an administrative exp sing after the commencement of the case A "request for payment		Check box if you are aware that anyone else has	
	ministrative expense may be filed pursuant to 11 U S C § 503	OI all	filed a proof of claim relating	The amounts reflected above constitute your claim as
Na	Ame of Creditor and Address 113212400 JOHN M MARSTON & LINDA S MARSTON 12441 ROAD 44	02760	ciatomont giving particulars	scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.
	MANCOS CO 81 328 9213		BMC Group in this case	If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed
			Check box if this address differs from the address on the envelope sent to you by the	If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
	editor Telephone Number () 970-533-9084		court	THIS SPACE IS FOR COURT USE ONLY
Las	st four digits of account or other number by which creditor identifies	debtor	Check here replace	ces
			If this claim amen	a previously filed claim dated
	BASIS FOR CLAIM	Retiree b	penefits as defined in 11 U S	C § 1114(a)
1 =	Goods sold Personal ınjury/wrongful death Services performed Taxes	Wages	salaries and compensation (fill out below)
I _	☐ Services performed ☐ Taxes ☐ Money loaned ☐ Other (describe briefly)		digits of your SS#	(not for loan balances)
14		Unpaid o	compensation for services pe	
2 [DATE DEBT WAS INCURRED 05/25/2005		OURT JUDGMENT, DATE O	(date) (date)
4 (CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	best describ	e your claim and state the amour	nt of the claim at the time case filed
1	See reverse side for important explanations		SECURED CLAIM (Oak Shores II)
	ISECURED NONPRIORITY CLAIM \$ 20,477.82 Check this box if a) there is no collateral or lien securing your claim or b) you	nur claım	Check this box if yo	our claim is secured by collateral (including
	exceeds the value of the property securing it or if c) none or only part of your entitled to priority	r claim is	a right of setoff)	
UN	SECURED PRIORITY CLAIM		Brief description of	
	Check this box if you have an unsecured claim all or part of which is		X Real Estate	
	entitled to priority Amount entitled to priority \$		Value of Collateral	\$ Unknown
	Specify the priority of the claim		Amount of arrearage ar secured claim if any 3	nd other charges <u>at time case filed</u> included in See attached
	Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)			rd purchase lease or rental of property or
П	Wages salaries or commissions (up to \$10 000) earned within 180 days		services for personal family or	household use 11 U S C § 507(a)(7)
	before filing of the bankruptcy petition or cessation of the debtors business whichever is earlier 11 U S C § 507(a)(4)	片		rernmental units 11 U S C § 507(a)(8)
	Contributions to an employee benefit plan 11 U S C § 507(a)(5)	لسا		graph of 11 U S C § 507(a) () trient on 4/1/07 and every 3 years thereafter
F 7	TOTAL AMOUNT OF CLAIM \$ 20.477.82 \$	00 !:=	with respect to cases commend	ed on or after the date of adjustment
'	AT TIME CASE FILED	82,47		\$ 102,950.92
X	(unsecured) Check this box if claim includes interest or other charges in addition to the	•	ecured)	(priority) (Total)
$\overline{}$				-
6 (CREDITS The amount of all payments on this claim has been cred	lited and d	leducted for the purpose of m	naking this proof of claim
l '	SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts contracts court judgments mortgages security a DOCUMENTS If the documents are not available, explain. If the discount is the discount of the dis	aareement	s and evidence of nertection	LOTIEN DO NOT SEND ORIGINAL
3 8	DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	filing of y	our claim enclose a stamped	d self addressed envelope and copy of this
-	The original of this completed proof of claim form must be sent	by mail o	or hand delivered (FAXES N	OT THIS SPACE FOR COURT
1	ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals, partnerships, c	. prevailin	g Pacific time, on Novemb	er 13 2006 LICE ONLY
Ì	governmental units) BY MAIL TO BY MAIL TO I I I I I I I I I I I I I I I I I I I	BY HAND C	OR OVERNIGHT DELIVERY TO	
	Sino Gloup	BMC Grou	ip CM Claims Docketing Center	FILED NOV 0.1 2006
F	O Box 911	1330 East	Franklin Avenue	1
DAT		El Segund	o CA 90245	USA CMC
	SIGN and print the name and title if any of the of this claim (attach copy of power of attorned Linda S Mars ton.	y if any)	John W Warst	on & 1072500873
	Junda D. Marston		They De Kar	2724

Case 06-10725-gwz Doc 8305-3 Entered 04/11/11 14:18:45 Page 5 of 11 **FORM B10** (Official Form 10) (10/05)

Portin Dio (Oniciali Oni 10) (10/03)		
United States Bankrupicy Court	DISTRICT OF Nevada	PROOF OF CLAIM
Name of Dubtor OAK SHORESIL	Case Number	TROOF OF GEARN
NOTE This form should not be used to make a claim for an administrative expense ma		
Name of Creditor (The person or other entity to whom the dubtor owes money or property) MENUSY FAMILY TEST Name and address where notices should be sent WILLIAM MCQUERRY 318 SINGING BROOK CIRCLE Telephon MATARROSA CA 95409-6483	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court in this case. Check box if the address differs from the address on the envelope sent to you by the court	This Stace is for Court Use Only
Last four digits of account or other number by which creditor identifies debtor	Check here replaces if this claim amends a previously filed	claim dated
1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other	Retiree benefits as defined in 11 Wages salaries and compensation Last four digits of your SS # Unpaid compensation for service from	on (fill out below)
2 Date debt was incurred	3. If court judgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations Unsecured Nonpriority Claim \$	Check this box if your claim is a right of setoff) Brief Description of Collateral Real Estate Motor Ve Value of Collateral \$	chicle Other————————————————————————————————————
5 Total Amount of Claim at Time Case Filed	(unsecured) (secured) (pr	50,000 iority) (Total)
Check this box if claim includes interest or other charges in additional charges 6. Credits The amount of all payments on this claim has been		
The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting docume orders invoices itemized statements of running accounts contra agreements and evidence of perfection of lien DO NOT SEN documents are not available explain. If the documents are voluing addressed envelope and copy of this proof of claim. Date Sign and print the name and title if any, of the file this claim (attach copy of power of attorn to the file this claim (attach copy of power of attorn to the file this claim (attach copy of power of attorn to the file this claim (attach copy of power of attorn to the file this claim (attach copy of power of attorn to the file this claim (attach copy of power of attorn to the file this claim (attach copy of power of attorn to the file this claim (attach copy of power of attorn to the file this claim.)	ents such as promissory notes purchase acts court judgments, mortgages security D ORIGINAL DOCUMENTS If the minous, attach a summary ling of your claim enclose a stamped, self- he creditor or other person authorized to mey, if any).	JAN 1 2 2007
		USA CMC

TOTAL DIO (OMBALTORI TO) (10/05)					
United States Bankruptcy Court	Dis	TRICT	OF Nevada		PROOF OF CLAIM
Name of Debtor USA COMMERCIAL MORTGAGE CO	Case I	Number	06-10725-LBR		PROOF OF CLAIM
NOTE. This form should not be used to make a claim for an admina	strative exp	ense arts	ing after the commer	cement	
of the case. A 'request" for payment of an administrative expense mi	ny be filled p	pertunnt	to 11 U.S C. § 503		
Name of Creditor (The person or other entity to whom the			you are aware that a		
debtor owes money or property). Raymond C Moore & Rose Moore			l a proof of claim reli Attach copy of states		
		g partie	• • •	neut.	
Name and address where notices should be sent			you have never rece		
Rose Moore	case.		the bankruptcy cour	t in this	
902 University Ridge Drive Reno, NV 89512			the address differs fi		
Telephone number 775-323-6977		ess on th court.	e envelope sent to yo	ou by	THIS SPACE IS FOR COURT USF ONLY
Last four digits of account or other number by which creditor	Chec	k here	replaces		
identifies debtor	of the	s claim	amends a previ	ously filed	clasm, dated
1 Resis for Claim		R	etiree benefits as de	fined in 11	USC. § 1114(a)
Goods sold			ages, salaries, and c	ompensati	on (fill out below)
Services performed Money loaned			ast four digits of you inpaid compensation		
Personal injury/wrongful death			om		-
Taxes See Exhibit A		11	(date)	to	(date)
V Odier	12				
2. Date debt was incurred. MAY 2005	3.		rt judgment, date (
4. Classification of Claim. Check the appropriate box or boxes th	at best desc	nbe you	r claim and state the	amount of	f the claim at the time case filed
See reverse side for important explanations. Unsecured Nonpriority Claim 5, 40,477.76	1	Secur	ed Claim		
		V	Check this box if you	er claum is s	secured by collateral (including
Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it, or if c) i only part of your claim is entitled to priority	r claim, or none or	a righ	t of setoff)		,,,
		3	Brief Description of	Collateral	
Unsecured Priority Claim	1	ŀ	✓ Real Estate		11
Check this box if you have an unsecured claim all or part of we entitled to priority	hich is	•	Value of Collateral	s Unkr	nown
Amount entitled to priority \$		Amou	nt of arrearage and o	ther charge 716 67	s at time case filed included in
Specify the priority of the claim		In to \$7	225* of deposite to	ward name	ase, lease, or rental of property
Domestic support obligations under 11 U S C. § 507(a)(1)(A) of (a)(1)(B)		or services 507(a)	es for personal, fami	lly or hous	chold use - 11 U S C
	🛭 7	laxes or	penalties owed to go	overnmenta	umts - 11 USC § 507(a)(8)
Wages, salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debte business, whichever is earlier - 11 U.S.C. § 507(a)(4)	AL,2	Other - S	Specify applicable pr	ragraph of	11 USC. § 507(a)()
		ounts ar	e subject to adjustme	nt on 4/1/0	7 and every 3 years thereafter
Contributions to an employee benefit plan - 11 U.S C. § 507(a)	(5) ¹	vith resp	ect to cases commen	ced on or	ofter the date of adjustment.
5. Total Amount of Claim at Time Case Filed:		40,477 (unecoun	(herrupee)	/	40,477 76 onty) (Total)
Check this box if claim includes interest or other charges in additional charges.		prancapa	al amount of the class	m. Attach	termized statement of all
6. Credits: The amount of all payments on this claim has been	credited an	d deduc	ted for the purpose of	of Th	IS SPACE IS HOR COURT USE ONLY
making this proof of claim. 7 Supporting Documents: Attach corner of supporting documents.	_			ı	
7 Supporting Documents: Attach copies of supporting docume orders invoices itemized statements of running accounts, contract	nts, such as	promis	sory notes, purchase		
agreements, and evidence of perfection of lien DO NOT SENI	D ORIGINA	AL DOG	CUMENTS If the		
documents are not available, explain. If the documents are volum	ninous, atta	ch a sun	nmary	INE 1	L 6 2007
Dute-Stamped Copy To receive an acknowledgment of the fill	ing of your	claum, e	nclose a still ED se	Kul.	-
addressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any, of the		all	-		
file this claim (attach come of power of attorn	e creator (\$69, if any)	or other	person authorized to	ì	
1/9/07 Cagland C. foor		Lie	e horre	-	
ITALMOND C. MOORE		Ros	e Moore		USA CMC

Penalty for presenting frainfulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C.

1072502345

Doc 8305-3 Entered 04/11/11 14:18:45 Page 7 of 11 Case 06-10725-gwz FORM B10 (Official Form 10) (10/05) United States Bankruptcy Court - District of Nevada PROOF OF CLAIM Name of Debtor **USA Commerical Mortgage Company** Case Number BK-S-06-17025 LBR NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 USC § 503 Name of Creditor (The person or other entity to whom the debtor owes money or property) ☐ Check box if you are aware that MW Gorts & Company anyone else has filed a proof of claim relating to your claim Attach copy of statement giving Name and address where notices should be sent particulars **Michael Gorts** 7820 Emerald Harbor Ct ☐ Check box if you have never Las Vegas, NV 89128 received any notices from the bankruptcy court in this case ☐ Check box if the address differs from the address on the envelope Telephone number 702-233-8574 sent to you by the court Last 4 digits of account or other number by which creditor identifies debtor This Space is for Court Use Only Check here 6896 ☐ replaces if this claim a previously filed claim dated amends 1 Basis for Claim ☐ Goods sold ☐ Retiree benefits as defined in 11 U S C § 1114(a) ☐ Services performed \square Wages, salaries, and compensation (fill out below) Money loaned Last four digits of SS # ☐ Personal injury/wrongful death Unpaid compensation for services performed ☐ Taxes from ☐ Other (date) 2 Date debt was incurred (date) April 6, 2006 3 If court judgment, date obtained 4 Classification of Claim Check the appropriate box or boxes that describe your claim and state the amount of the claim at the time case filed Unsecured Nonpriority Claim \$ Secured Claim Check this box if your claim is secured by collateral (including a right of setoff) ☐ Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, Brief Description of Collateral Real Estate Motor Vehicle Other or c) none or only part of your claim is entitled to priority Value of Collateral \$ LINKI 50001 Unsecured Priority Claim ☐ Check this box if you have an unsecured claim all or part of which is Amount entitled to priority \$ Amount of arrearage and other charges at time Specify the priority of the claim case filed included in the secured claim, if any \$ ☐ Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) ☐ Up to \$2,225* of deposits toward purchase, lease, or rental of property or ☐ Wages salaries, or commissions (up to \$10,000),* earned within 180 services for personal, family or household use - 11 USC § 507(a)(7) days before filing of the bankruptcy petition or cessation of the debtor s business, whichever is earlier - 11 USC § 507(a)(4) ☐ Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8) ☐ Contributions to an employee benefit plan - 11 U S C § 507(a)(5) ☐ Other - Specify applicable paragraph of 11 U S C § 507(a)(* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment 5 Total Amount of Claim at Time Case Filed S 100,000 00 100,000 00 (unsecured) ☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest (Total) Credits The amount of all payments on this claim has been credited and deducted for the purpose of making This Space is for Court Use Only Supporting Documents Attach copies of supporting documents such as promissory notes purchase orders, invoices, itemized statements of running accounts contracts court judgments mortgages security agreements, and evidence of perfection of hen DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous attach a summary Date-Stamped Copy To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim Sign and print the name and title any of the creator or other person authorized to file this claim (attach copy of por

Penalty for presenting fraudulent claim Fine of up to \$500,000 or imprisonment for up to 5 years or both 18

USA CMC 1072500200

Case 06-10725-gwz Doc 8305	3 _ En	tered 04/11/11 1A 1	8.45 Pag	e 8 of 11	
• • • • • • • • • • • • • • • • • • • •	PRC	OF OF CLAIM			
	One a Newshar		FILE	D NUV 3 0 2006	
Name of Debtor	Case Nu				
USA Commercial Mortgage Company 06-107		25-LBR			
administrative expense may be filed nursuant to 11 U.S.C. § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of	WHOSE LOAN IS	Y OWED MONEY BY A BORROWER BEING SERVICED BY THE	
Name of Creditor and Address 11321242037626		statement giving particulars Check box if you have never received any notices	OF CLAIM THIS BORROWER HEL	O <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT D IN THE COLLECTION ACCOUNT	
RAPID CITY SD 57702		from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the	SECURED INTER ONE OF THE DEE If you have alre Bankruptcy Court	eady filed a proof of claim with the or BMC you do not need to file again	
Creditor Telephone Number ()		court	THIS SPACE	E IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies	debtor	Check here replace or amer	a prationel /	filed claim dated	
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal	
Goods sold Personal injury/wrongful death		salaries and compensation (Other claims against service	
Services performed Taxes	Last four	digits of your SS #		(not for loan balances)	
Money loaned Kother (describe briefly) Interest				to (date) (date)	
2 DATE DEBT WAS INCURRED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes the See reverse side for important explanations		OURT JUDGMENT, DATE Of the your claim and state the amo		he time case filed	
UNSECURED NONPRIORITY CLAIM \$ 25, 971.0	J	SECURED CLAIM			
Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is a right of setoff)					
UNSECURED PRIORITY CLAIM		Brief description of Real Estate		П о и ь	
Check this box if you have an unsecured claim all or part of which is entitled to priority	Motor Vehicle \$	Other			
Amount entitled to priority \$				at time case filed included in	
Specify the priority of the claim		secured claim if any	\$		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits town services for personal family of			
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	s 	Taxes or penalties owed to go	vernmental units 1	11 U S C § 507(a)(8)	
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	L	Other - Specify applicable par * Amounts are subject to adju- with respect to cases commen	stment on 4/1/07 an	nd every 3 years thereafter	
5 TOTAL AMOUNT OF CLAIM \$ 25, 97/ 00 \$		\$		\$	
AT TIME CASE FILED (unsecured) Check this box if claim includes interest or other charges in addition to the charges in the char	•	secured) amount of the claim Attach ite	(priority) mized statement o	(Total) f all interest or additional charges	
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting doc</u> running accounts, contracts court judgments mortgages, security	edited and d	leducted for the purpose of nuch as promissory notes, pure	naking this proof c	of claim orces itemized statements of	
DOCUMENTS If the documents are not available, explain If the	documents	are voluminous attach a sui	mmary		
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim					
The original of this completed proof of claim form must be ser ACCEPTED) so that it is actually received on or before 5 00 pn for each person or entity (including individuals, partnerships,	n, prevailin	ig Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY	
governmental units) BY MAIL TO BMC Group BY HAND OR OVERNIGHT DELIVERY TO BMC Group				FII FD NOV 3 0 2	
Attn USACM Claims Docketing Center P O Box 911	er				
El Segundo CA 90245-0911	El Segun	t Franklin Avenue do CA 90245			
DATE SIGN and print the name and title if any of this claim (attach copy of power of atto				1104 0140	
11-27-06 this claim (attach copy of power of atto		Janu IV.	elm	USA CMC	

Case 06-10725-gwz Doc 8305-3 Entered 04/11/11 14:18:45 Page 9 of 11 PROOF OF CLAIM Schedule/Claim ID Name of Debtor Case Number Amount/Classification **USA Commercial Mortgage Company** 06-10725-LBR \$10 033 44 Unsecured NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense Check box if you are aware that anyone else has arising after the commencement of the case A "request' for payment of an filed a proof of claim relating administrative expense may be filed pursuant to 11 U S C § 503 The amounts reflected above constitute your claim as to your claim Attach copy of scheduled by the Debtor or pursuant to a filed claim. If Name of Creditor and Address statement giving particulars you agree with the amounts set forth herein and have no 12924490002930 other claim against the Debtor you do not need to file Check box if you have JAMES S NELSON this proof of claim EXCEPT as stated below never received any notices 408 N BERRY PINE RD from the bankruptcy court or If the amounts shown above are listed as Contingent, **RAPID CITY SD 57702 1857** BMC Group in this case Unliquidated or Disputed, a proof of claim must be Check box if this address If you have already filed a proof of claim with the differs from the address on the envelope sent to you by the Bankruptcy Court or BMC you do not need to file again Creditor Telephone Number (THIS SPACE IS FOR COURT USE ONLY Last four digits of account or other number by which creditor identifies debtor replaces Check here a previously filed claim dated or amends if this claim 1 BASIS FOR CLAIM Retiree benefits as defined in 11 USC § 1114(a) Unremitted principal Goods sold Personal injury/wrongful death Wages salaries, and compensation (fill out below) Other claims against servicer Services performed (not for loan balances) Last four digits of your SS # Money loaned Other (describe briefly) Unpaid compensation for services performed from to (date) 2 DATE DEBT WAS INCURRED 3 IF COURT JUDGMENT, DATE OBTAINED CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations **SECURED CLAIM** UNSECURED NONPRIORITY CLAIM \$ Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim or b) your claim a right of setoff) exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Brief description of collateral UNSECURED PRIORITY CLAIM Real Estate Motor Vehicle Other Check this box if you have an unsecured claim all or part of which is entitled to priority Value of Collateral Amount entitled to priority Amount of arrearage and other charges at time case filed included in secured claim if any \$ Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(7) Wages salaries or commissions (up to \$10 000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) Other Specify applicable paragraph of 11 U S C § 507(a) (____) Contributions to an employee benefit plan 11 U S C § 507(a)(5) Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment 5 TOTAL AMOUNT OF CLAIM \$ AT TIME CASE FILED (unsecured) (secured) (pnority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous attach a summary DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self addressed envelope and copy of this The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT THIS SPACE FOR COURT ACCEPTED) **USE ONLY** BY MAIL TO BMC Group BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center #ILFD OCT 0 5 2007 P O Box 911 1330 East Franklin Avenue El Segundo CA 90245 0911 El Segundo CA 90245 DATE SIGN and print the game and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM			AIM IS SCHEDULED AS	
No. of the second secon	Casa Number		Schedule/Claim II		
Trains or Boston	Case Number		Amount/Classifica		
USA Commercial Mortgage Company	06-10725-LBR		\$20 477 82 Unse	cured	
administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address ALLEN M NIRENSTEIN & DOROTHY H NIRENSTEIN 1992		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.		
		Check box if you have never received any notices from the bankruptcy court or BMC Group in this case			
KENTFIELD, CA 94904 2635	differs from the address on the		Bankruptcy Court	eady filed a proof of claim with the or BMC you do not need to file again	
Creditor Telephone Number () Last four digits of account or other number by which creditor identifies	debtor		<u> </u>	JE 19 FOR GOURT USE UNLY	
Table of account of care fulfilled by which created identifies		Check here repla of this claim amer	a previously	y filed claim dated	
1 BASIS FOR CLAIM	Retiree b	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal	
Goods sold Personal injury/wrongful death	_	salaries, and compensation	(fill out below)	Other claims against servicer (not for loan balances)	
☐ Services performed ☐ Taxes ☐ Other (describe briefly)		digits of your SS #			
Money loaned Other (describe briefly)	Unpaid o	compensation for services pe	erformed from	to (date) (date)	
2 DATE DEBT WAS INCURRED		OURT JUDGMENT, DATE O			
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	best describ		nt of the claim at th	e time case filed	
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM	our alors to acco	ared by colletoral (materials	
Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Check this box if your claim is a right of setoff) Brief description of collateral				ned by conateral (including	
UNSECURED PRIORITY CLAIM		Real Estate		e Dother	
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral			
Amount entitled to priority \$				at time case filed included in	
Specify the priority of the claim		secured claim if any			
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salanes or commissions (up to \$10 000) earned within 180 days		Up to \$2 225* of deposits towa services for personal family of	ard purchase lease or household use 1	or rental of property or 1 U S C § 507(a)(7)	
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		_	vemmental units 11 U S C § 507(a)(8)		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable para * Amounts are subject to adjust with respect to cases commen	stment on 4/1/07 an	nd every 3 years thereafter	
5 TOTAL AMOUNT OF CLAIM \$ / CC, CC, CC \$		\$		\$	
AT TIME CASE FILED (unsecured)	(8	secured)	(priority)	(Total)	
Check this box if claim includes interest or other charges in addition to the					
6 CREDITS The amount of all payments on this claim has been cree 7 SUPPORTING DOCUMENTS Attach copies of supporting docu- running accounts contracts, court judgments, mortgages security a DOCUMENTS If the documents are not available explain. If the co	<i>uments,</i> su agreemen	uch as promissory notes pur ts, and evidence of perfectio	chase orders in n of lien DO No	voices itemized statements of	
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim			•	d envelope and copy of this	
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or governmental units).	ı, prevailii	ng Pacific time, on Noveml	ber 13, 2006 and	THIS SPACE FOR COURT USE ONLY	
governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911	BMC Gro	OR OVERNIGHT DELIVERY TO up CM Claims Docketing Cente t Franklin Avenue	er F	ILED JAN 0 9 2007	
		do CA 90245			
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attorn	USA CMC				
(auto-sopy s. ponsi si attori	. y -> 'y /		· · · · · · · · · · · · · · · · · · ·	1072501899	

11. TED STATES BOWER TO COURT

5. Case 06-10725-qwz. Doc 8305-3 Entered 04/11/11 14:18:45 Page 11 of 11 4

11/3 7981/29 10 67 9 17/27 10 1940	5	C/Cd 04/11/11 14:1	.c. 70 1 age	/ <u> </u>		
	PRO	PROOF OF CLAIM		M IS SCHEDULED AS		
Name of Debtor	Case Nur	Case Number		s32287		
USA Commercial Mortgage Company	06-10725-LBR R		Amour t Classificati CETYED AU \$25,597 27 Pns Oct	SQ FILED		
NCTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense unsing after the commencement of the case. A "request" for payment of an administrative expense may be niled pursuant to 11 U.S.C. § 503 Name of Creditor and Address RAMON L SNYDEF & LINDA L SNYDER FAMILY TRUST DATED 10/14 98 C/O RAMON L SNYDER & LINDA L SNYDER TRUSTEES 405 GRAYEAGLE CT LINCOLN CA 95648 8676 Creditor Telephone Number (9)6, 403 7506		of an aware that anyone else has		P 3-37		
		Check box if you have never received any not ces	The abilities of the aged above constitute your claim as a street necessary to a filed claim if you agree with the amounts sent forth herein and have other claim against the Debtor you do not need to file it is proof of claim EXCEPT as stated below. If the amounts shown above are listed as Continger Unfindudated or Disputed, a proof of claim must be filled. If you have already filed a proof of claim with the Bankruptry Court or BMC you do not need to file age. THIS SPACE IS FOR COURT USE ONL.			
Last four digits of account or other number by which creditor identifies 5115 AND/OR 1613	s debtor	Check here repla	3.2520176011053	filed claim dated		
1 BASIS FOR CLAIM	Retires h	enefts as defined in 11 U S		Unremitted principal		
Goods sold Personal injury/wrongful death Services performed Taxes Money loaned Other (describe briefly)	Wages :	salaries and compensation digits of your SS #	(fill out below)	Other claims against service (not for loan balances) to (date) (date,		
2. DATE DEBT WAS INCURRED 05-25-25-5	3 IF C	OURT JUDGMENT, DATE	OBTAINED	(GEIG) (MEIT)		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations				tima case filed		
UNSECURED NONPRIORITY CLAIM \$ \ 25 \ CCO, CU Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of younstic to priority UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority Specify the priority of the claim Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages, salaries or commissions (up to \$10,000) earned within 180 days before filling of the bankruptory petition or cessation of the debtor's business, whichever is earlier 11 U.S.C. § 507(a)(4) Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)	our claim is	a right of setoff) Brief description of Real Estate Value of Collatera	Motor Vehicle Motor Vehicle S and other charges S ard purchase lease or household use 11 overn mental units 1 ragraph of 11 U S C istment on 4/1/07 and	at time case filed included in or rental of property or U.S.C. § 507(a)(7) 1.U.S.C. § 507(a)(8) § 507(a) () d every 3 years thereafter late of adjustment		
AT TIME CASE FILED (unsecured) Check this box if claim includes interest or other charges in addition to	(5	secured)	i nnorthyi	(Total)		
	·			-		
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders in loces itemized statements of running accounts contracts, court judgments, mortgages security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS if the documents are not available, explain. If the documents are voluminous, attach a summary. 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim.						
The original of this completed proof of claim form must be se ACCEPTED) so that it is actually received on or before 5 00 p for each person or entity (including individuals, partnerships governmental units) BY MAIL TO BMC Group Atm USACM Claims Docketing Center P O Box 911 El Segundo CA 90245 0911 DATE SIGN and point the name and title if any ACCEPTED.	m, prevailt s, corporation BY HAND BMC Gro Attn US/ 1330 Eas El Segun	ng Pacific time, on Novemons, joint ventures, trusts OR OVERNIGHT DELIVERY TO JUD ACM Claims Docketing Cent St Franklin Avenue July CA 90245	ber 13, 2006 and O	THIS SPACE FOR COURT USE ONLY		
"his claim, lattach copy of power of atto	170 L 31	years or both 18 USC 58 1	refee.	USA CMC		
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